

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Computer Readable Form (CRF)?:: No
Title:: SOLID DOSAGE FORMS COMPRISING
PULLULAN
Attorney Docket Number:: 029318-0985
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John D.
Family Name:: Pruitt
City of Residence:: Collegeville
**State or Province of
Residence::** PA
Country of Residence:: US

Street of mailing address:: 603 Buyers Road
City of mailing address:: Collegeville
State or Province of mailing address:: PA
Postal or Zip Code of mailing address:: 19403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Douglas C.
Family Name:: Hovey
City of Residence:: Trooper
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 19 N. Midland Avenue
City of mailing address:: Trooper
State or Province of mailing address:: PA
Postal or Zip Code of mailing address:: 19403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Finland
Status:: Full Capacity
Given Name:: Tuula A.
Family Name:: Ryde
City of Residence:: Malvern
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 54 Lloyd Avenue
City of mailing address:: Malvern

State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 19355

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A

Status:: Full Capacity

Given Name:: H. William

Family Name:: Bosch

City of Residence:: Bryn Mawr

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 237 Rodney Circle

City of mailing address:: Bryn Mawr

State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 19010

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert W.

Family Name:: Lee

City of Residence:: Boyertown

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 83 Valley Brook Road

City of mailing address:: Boyertown

State or Province of mailing PA
address::
Postal or Zip Code of mailing 19512
address::

Correspondence Information

Correspondence Customer Number:: 22428
E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer Number::	31049	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming benefit under 35 USC 119(e)	60/425,264	11/12/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Elan Pharma International Ltd.